

Joanne Conroy 9/18/2019

EXHIBIT 1

1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF VERMONT
Case No. 5:17-cv-194

MISTY BLANCHETTE PORTER, M.D.,

Plaintiff

vs.

DARTMOUTH-HITCHCOCK MEDICAL CENTER,
DARTMOUTH-HITCHCOCK CLINIC,
MARY HITCHCOCK MEMORIAL HOSPITAL,
and DARTMOUTH-HITCHCOCK HEALTH,

Defendants.

C O N F I D E N T I A L

DEPOSITION OF JOANNE CONROY
taken on behalf of the Plaintiff at Lebanon,
New Hampshire, on September 24, 2019, at
1:00 p.m., before Cynthia Foster, LCR No. 14, a
Licensed Court Reporter within and for the State
of New Hampshire.

1 It was a human interest story about the new CEO
2 which is generally more getting to know the
3 person.

4 Q Okay. Did you expect that the issue of the
5 closing of the REI Division would be a subject
6 that would be touched upon during the interview?

7 A No.

8 Q Do you recall whether you volunteered the
9 information about the closing of the REI
10 Division or was what you said in response to a
11 question?

12 A I recall that it was in response to a question.

13 Q So if we go to the fourth page in, going to the
14 bottom of the page, you see that?

15 A Yes.

16 Q The reporter writes, quote, "In some cases,
17 Conroy said, there are services that it simply
18 does not make sense for D-H to offer. For
19 example, D-H closed its Reproductive
20 Endocrinology and Infertility program this
21 spring as a result of being unable to recruit
22 new providers," you said.

23 Do you believe you said that?

1 A I said something about the REI program. I'm not
2 sure this is verbatim of what I said.

3 Q All right. She doesn't put quotation marks
4 anywhere, but would this, in your view, be the
5 gist or a good summary of what you said?

6 A Yes.

7 Q Then if you go to the next page, and the third
8 paragraph, it reads, "In the case of the
9 fertility clinic, Conroy said, quote, we were
10 just affected by the declining birth rate in
11 this area and it wasn't attractive to some of
12 the young up-and-coming providers that we wanted
13 to recruit here. Sometimes you have to make the
14 tough decisions," period, close quote.

15 Do you believe you said that?

16 A Yes.

17 Q Did anyone from Dartmouth-Hitchcock, either you
18 or PR person if he were there, take notes about
19 what was said during this interview?

20 A I don't recall.

21 Q After an interview, some people, I came from
22 Washington, D.C., so that was some of these
23 people, would finish the interview, go back and

1 do a file memo about what was said, basically
2 some record so that if it ever came up they'd
3 have something. Do you do anything like that?

4 A No.

5 Q You don't dictate a file memo or talk to
6 somebody and say here's what we covered?

7 A No.

8 Q Okay. Can you give me an estimate about how
9 long the interview lasted?

10 A Less than 45 minutes.

11 Q Was it cordial?

12 A Yes.

13 Q On the fourth page, you talk about being unable
14 to recruit new providers. When you use
15 "providers," does that mean doctors?

16 A Doctors, advanced practice nurses, nurses. I
17 use the term "providers" broadly.

18 Q Okay. In the next page on the third paragraph
19 you say that there was a declining birth rate in
20 the area which made it less attractive for the
21 up and coming providers. What were you
22 referring to?

23 A Young providers want to join a thriving, growing

1 practice. We live in an area with a declining
2 birth rate and declining volumes through our
3 program, difficult to attract nurses and
4 physicians and advanced nurse practitioners to
5 that type of environment, especially if they're
6 beginning their careers.

7 Q How do you know that?

8 A From my experience at Morristown.

9 Q What group, what age group in this area
10 reflected or showed declining birth rates?

11 A So we just know that the number of people in
12 child-bearing years had been declining by one
13 percent a year in the State of New Hampshire.
14 The majority of young families are actually
15 moving to the southern part of the state, not to
16 the Upper Valley. So with declining numbers of
17 young families that are beginning their
18 families, you have declining birth rates.

19 Q And do you believe that these young families are
20 a source or have been a source of patients for
21 the REI Division?

22 A That would be speculating. I'm an
23 anesthesiologist. I'll put you to sleep. But

1 beyond that, I'm outside my area of expertise.

2 Q When you referred to the declining birth rates,
3 did you ask anyone before the interview about
4 the number of patients in the REI Division and
5 whether there was less demand for those
6 services?

7 A No. Demand. This was not a data issue focused
8 interview. It was a personal "get to know the
9 CEO" interview.

10 Q How do you know there was difficulty recruiting
11 providers?

12 A I know that we were asking providers, had
13 historically asked providers in the southern
14 part of the state to come up and cover some of
15 our services here, that we didn't have adequate
16 nurse coverage, and it was beginning to be a
17 challenge for us.

18 Q The nurse coverage?

19 A Coverage in general.

20 Q Throughout the institution?

21 A Throughout the REI program, both up here in
22 Lebanon and in the southern part of the state.

23 Q How do you know that?

1 A I was appraised of that in kind of a debrief of,
2 you know, the difficult decision that they came
3 to in closing the program, but that was after
4 the program was closed.

5 Q Who gave you the debriefing?

6 A Ed Merrens.

7 Q On more than one occasion?

8 A One occasion.

9 Q When was that?

10 A I don't recall.

11 Q Who was in the meeting? Was it just you and he?

12 A It was just Ed and I.

13 Q How long was the meeting?

14 A It was one of our monthly meetings, and the
15 meetings are about 30 minutes and it's a touch
16 base.

17 Q How much of the 30-minute meeting do you think
18 recovered the REI Division closing?

19 A Five minutes.

20 Q Tell me what you can recall.

21 A I recall that he said it was kind of a difficult
22 decision, there were coverage challenges,
23 decrease in volumes, difficulty kind of

1 recruiting people for coverage. With the
2 movement of the OB program from St. Joe's to
3 Catholic Medical Center, we had an option in the
4 south for insuring that residents received
5 exposure to REI through Boston IVF and that we
6 had a solution, we felt, to provide the
7 educational experiences our residents needed
8 during the second year of their training.

9 Q Solution here at Dartmouth-Hitchcock?

10 A Yes. The students rotate down to Catholic
11 Medical Center, and when they are there, they're
12 there for ten months, and I believe two of the
13 12 months of their second year are spent with
14 the Boston IVF center in Manchester.

15 Q So I want to make sure I understand the
16 solution. The solution for making sure that the
17 residents got the training that they were
18 entitled to in the REI field would be you send
19 them down to Catholic Medical Center and for two
20 months down there Boston IVF provides them with
21 information or training; is that right?

22 A That's right.

23 Q Is that the way residents have in fact received

1 months of their second year at Catholic Medical
2 Center. They spend two months of their second
3 year at REI in Manchester. That is totally
4 separate from Catholic Medical Center.

5 Q So the reproductive endocrinology and
6 infertility work that they need to obtain the
7 education, they get all that from the Boston
8 IVF; is that right?

9 A Yes.

10 Q And to the extent they learn where they do the
11 IVF procedures that would be at Boston IVF,
12 right?

13 A That is my understanding.

14 Q And do the residents go to Waltham?

15 A I don't know.

16 Q I want to make sure, I want to circle back to
17 your meeting with Ed Merrens. It was based on
18 that meeting that you got the information that
19 there had been difficulty recruiting providers,
20 you termed them up-and-coming providers, because
21 there was not a sufficient number of patients in
22 the Upper Valley or in this area. Correct?

23 A Small volumes in the practice, not a thriving,

1 growing practice, in a state that's aging with
2 decreasing numbers of young families.

3 Q When Ed Merrens mentioned coverage challenges,
4 was that with respect to the nurses or with
5 respect to the physicians or both?

6 A He didn't go into detail. And I just want to
7 remind you, this is after the program had
8 closed.

9 Q Right. I understand that.

10 A Because I came here August 7th, and I think our
11 conversations occurred in August, early
12 September.

13 Q Was there a particular reason that you
14 understood that this issue was being discussed
15 with Ed Merrens?

16 A Well, Ed was just appraising me of what the
17 decision that had been made previously, and I
18 think it was also within the context of a
19 leadership transition within the Department of
20 OB.

21 Q Was that leadership transition Dr. DeMars
22 stepping down?

23 A Yes. That was. Although we were discussing